



## Complete Summary

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### GUIDELINE TITLE

Stress-related conditions.

### BIBLIOGRAPHIC SOURCE(S)

Stress-related conditions. Elk Grove Village (IL): American College of Occupational and Environmental Medicine (ACOEM); 2004. 27 p. [129 references]

### GUIDELINE STATUS

This is the current release of the guideline.

This guideline updates a previous version: Harris, J, ed. Occupational Medicine Practice Guidelines: American College of Occupational and Environmental Medicine. Beverly Farms, MA: OEM Press; 1997.

### \*\* REGULATORY ALERT \*\*

### FDA WARNING/REGULATORY ALERT

**Note from the National Guideline Clearinghouse:** This guideline references a drug(s) for which important revised regulatory information has been released.

- [May 2, 2007, Antidepressant drugs](#): Update to the existing black box warning on the prescribing information on all antidepressant medications to include warnings about the increased risks of suicidal thinking and behavior in young adults ages 18 to 24 years old during the first one to two months of treatment.

### COMPLETE SUMMARY CONTENT

\*\* REGULATORY ALERT \*\*

SCOPE

METHODOLOGY - including Rating Scheme and Cost Analysis

RECOMMENDATIONS

EVIDENCE SUPPORTING THE RECOMMENDATIONS

BENEFITS/HARMS OF IMPLEMENTING THE GUIDELINE RECOMMENDATIONS

QUALIFYING STATEMENTS

IMPLEMENTATION OF THE GUIDELINE

INSTITUTE OF MEDICINE (IOM) NATIONAL HEALTHCARE QUALITY REPORT

CATEGORIES

IDENTIFYING INFORMATION AND AVAILABILITY

DISCLAIMER

## SCOPE

### **DISEASE/CONDITION(S)**

Stress-related conditions

### **GUIDELINE CATEGORY**

Diagnosis  
Evaluation  
Management  
Treatment

### **CLINICAL SPECIALTY**

Family Practice  
Internal Medicine  
Physical Medicine and Rehabilitation  
Preventive Medicine  
Psychiatry

### **INTENDED USERS**

Advanced Practice Nurses  
Physician Assistants  
Physicians  
Utilization Management

### **GUIDELINE OBJECTIVE(S)**

- To provide information and guidance on generally accepted elements of quality care in occupational and environmental medicine
- To improve the efficiency with which the diagnostic process is conducted, the specificity of each diagnostic test performed, and the effectiveness of each treatment in relieving symptoms and achieving cure
- To help occupational physicians and primary care practitioners manage employed patients with acute stress-related conditions of relatively short duration
- To help clinicians identify patients who need urgent referral for psychiatric care and provide a framework for treating the majority of patients who do not

### **TARGET POPULATION**

Adults with potentially work-related stress-related conditions seen in primary care settings

### **INTERVENTIONS AND PRACTICES CONSIDERED**

**Evaluation**

1. Medical history including symptoms, stressors, coping mechanisms, and other resources
2. Physical examination including a mental status examination

### **Diagnosis**

1. Evaluating for potentially life-threatening or other serious diseases that the history and physical examination may suggest
2. Coding the visit appropriately

### **Treatment/Management**

1. Patient education
2. Specialty referral
3. Management of medical conditions
4. Modification of maladaptive coping mechanisms
5. Aerobic exercise
6. Stress management techniques
  - Relaxation techniques
  - Behavioral techniques
  - Cognitive techniques and therapy
  - Stress inoculation therapy
7. External resources and referrals
  - Employee assistance programs
8. Pharmacotherapy (limited use or in conjunction with specialty referral)
  - Anxiolytics
  - Antidepressants
  - Antipsychotics
9. Modified work and accommodations
10. Organizational interventions
11. Determining disability duration
12. Follow-up, as appropriate

### **MAJOR OUTCOMES CONSIDERED**

Missed work days

## **METHODOLOGY**

### **METHODS USED TO COLLECT/SELECT EVIDENCE**

Searches of Electronic Databases

### **DESCRIPTION OF METHODS USED TO COLLECT/SELECT THE EVIDENCE**

*Note from the National Guideline Clearinghouse (NGC):* The American College of Occupational and Environmental Medicine contracted the Work Loss Data Institute to provide medical library research services.

### **NUMBER OF SOURCE DOCUMENTS**

Not stated

## **METHODS USED TO ASSESS THE QUALITY AND STRENGTH OF THE EVIDENCE**

Expert Consensus

## **RATING SCHEME FOR THE STRENGTH OF THE EVIDENCE**

Not applicable

## **METHODS USED TO ANALYZE THE EVIDENCE**

Review

Review of Published Meta-Analyses

## **DESCRIPTION OF THE METHODS USED TO ANALYZE THE EVIDENCE**

Contributors reviewed at least one chapter each and reviewed the relevant medical literature that had been published since the creation of the original Guidelines in 1997.

## **METHODS USED TO FORMULATE THE RECOMMENDATIONS**

Expert Consensus

## **DESCRIPTION OF METHODS USED TO FORMULATE THE RECOMMENDATIONS**

Not stated

## **RATING SCHEME FOR THE STRENGTH OF THE RECOMMENDATIONS**

Not applicable

## **COST ANALYSIS**

A formal cost analysis was not performed and published cost analyses were not reviewed.

## **METHOD OF GUIDELINE VALIDATION**

Internal Peer Review

## **DESCRIPTION OF METHOD OF GUIDELINE VALIDATION**

Following the chapter and literature review, participants provided written or verbal comments to the American College of Occupational and Environmental Medicine's Practice Guidelines Committee.

Verbal comments were in the form of participation in multi-specialty conference calls, during which the issues raised in each chapter were extensively discussed. Draft chapters were prepared and distributed by the American College of Occupational and Environmental Medicine to all chapter reviewers. Follow-up multi-specialty teleconferences were then held as appropriate, during which time the draft was again reviewed.

## RECOMMENDATIONS

### MAJOR RECOMMENDATIONS

**General Approach and Basic Principles** (refer to the original guideline document for more detailed information)

Stressors may be any life event or circumstance that exerts a physical, emotional, or cognitive demand on the individual. The lifetime prevalence of major stressful life events is 100%, so associated stress-related symptoms may be considered a normal condition of human existence.

- Stress is not a diagnosis, disease, or syndrome. It is a nonspecific set of emotions or physical symptoms that may or may not be associated with a disease or syndrome. Whether or not stress contributes to a disease or syndrome depends on the vulnerability of the individual; the intensity, duration, and meaning of the stress; and the nature and availability of modifying resources.
- The initial assessment of patients with acute stress-related conditions focuses on detecting potentially serious psychopathology, or red flag conditions, requiring urgent specialty referral. The majority of patients with stress-related conditions will not have red flags and can be safely and effectively managed by occupational or primary care physicians.
- Relief of stress depends on its precipitants, which are often multifactorial. Psychosocial, workplace, or socioeconomic issues can be explored with the patient to facilitate early identification of precipitating factors and appropriate interventions that may prevent delayed recovery or relapse. An open, honest discussion of the underlying factors often results in an increase in the patient's insight and coping skills, which itself helps alleviate many stress-related symptoms.
- Worksite interventions may be helpful in mitigating or eliminating inciting stressors, depending on the source of the complaints.
- Medications generally have a limited role. Limit use of anti-anxiety agents to short periods of time (i.e., periods when overwhelming anxiety limits the patient's ability to work or effectively perform the activities of daily living). Antidepressant or antipsychotic medication may be prescribed for major depression or psychosis; however, this is best done in conjunction with specialty referral.
- Patients are encouraged to enhance their individual coping skills and to decrease or discontinue maladaptive coping mechanisms such as excessive use of alcohol, tobacco, or other drugs, or excessive food intake. Patients are counseled to redirect their energy to regular aerobic exercise, relaxation techniques, and cognitive coping mechanisms.

- For uncomplicated cases, absence from work should not exceed one work week. Referral for mental health professional assessment may be considered for patients whose anticipated absence from work will exceed one week.
- If symptoms become disabling despite primary care interventions or persist beyond three months, referral to a mental health professional is indicated.

## **CLINICAL ALGORITHM(S)**

None provided

## **EVIDENCE SUPPORTING THE RECOMMENDATIONS**

### **TYPE OF EVIDENCE SUPPORTING THE RECOMMENDATIONS**

The type of supporting evidence is not specifically stated for each recommendation.

## **BENEFITS/HARMS OF IMPLEMENTING THE GUIDELINE RECOMMENDATIONS**

### **POTENTIAL BENEFITS**

- Improved efficiency of the diagnostic process
- Effective treatment resulting in symptom alleviation and cure

### **POTENTIAL HARMS**

- Anxiolytics can lead to dependence and do not alter stressors or the individual's coping mechanisms.
- Antidepressants have many side effects and can result in decreased work performance or mania in some people.
- Antipsychotics can decrease motivation and effectiveness at work.

## **QUALIFYING STATEMENTS**

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The American College of Occupational and Environmental Medicine provides this segment of guidelines for practitioners and notes that decisions to adopt particular courses of actions must be made by trained practitioners on the basis of the available resources and the particular circumstances presented by the individual patient. Accordingly, the American College of Occupational and Environmental Medicine disclaims responsibility for any injury or damage resulting from actions taken by practitioners after considering these guidelines.

## **IMPLEMENTATION OF THE GUIDELINE**

### **DESCRIPTION OF IMPLEMENTATION STRATEGY**

An implementation strategy was not provided.

## INSTITUTE OF MEDICINE (IOM) NATIONAL HEALTHCARE QUALITY REPORT CATEGORIES

### IOM CARE NEED

Getting Better

### IOM DOMAIN

Effectiveness  
Patient-centeredness

## IDENTIFYING INFORMATION AND AVAILABILITY

### BIBLIOGRAPHIC SOURCE(S)

Stress-related conditions. Elk Grove Village (IL): American College of Occupational and Environmental Medicine (ACOEM); 2004. 27 p. [129 references]

### ADAPTATION

Not applicable: The guideline was not adapted from another source.

### DATE RELEASED

1997 (revised 2004)

### GUIDELINE DEVELOPER(S)

American College of Occupational and Environmental Medicine - Medical Specialty Society

### SOURCE(S) OF FUNDING

American College of Occupational and Environmental Medicine

### GUIDELINE COMMITTEE

American College of Occupational and Environmental Medicine Practice Guidelines Committee

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## **FINANCIAL DISCLOSURES/CONFLICTS OF INTEREST**

Not stated

## **GUIDELINE STATUS**

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This guideline updates a previous version: Harris, J, ed. Occupational Medicine Practice Guidelines: American College of Occupational and Environmental Medicine. Beverly Farms, MA: OEM Press; 1997.

## **GUIDELINE AVAILABILITY**

Print copies are available from ACOEM, 25 Northwest Point Boulevard, Suite 700, Elk Grove Village, IL 60007; Phone: 847-818-1800 x399. To order a subscription to the online version, call 800-441-9674 or visit <http://www.acoempracguides.org/>.

## **AVAILABILITY OF COMPANION DOCUMENTS**

None available

## **PATIENT RESOURCES**

None available

## **NGC STATUS**

This NGC summary was completed by ECRI on May 31, 2006. The information was verified by the guideline developer on November 3, 2006. This summary was updated by ECRI Institute on November 9, 2007, following the U.S. Food and Drug Administration advisory on Antidepressant drugs.

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